

STOP HIV/AIDS Update

"Seek and Treat for Optimal Prevention of HIV/AIDS"

Fall/Winter 2012



BC announces provincial expansion of STOP HIV/AIDS pilot program

Since 2009, Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) has been implemented in Vancouver and Prince George, and has been successful in dramatically reducing HIV transmission by ensuring HIV-positive individuals have access to the best possible care and treatment.

At a news conference on November 30 at St. Paul's Hospital, Health Minister Margaret MacDiarmid and Minister of State for Seniors Ralph Sultan joined BC Centre for Excellence in HIV/AIDS' (BC-CfE) director Dr. Julio Montaner to announce the expansion of the pilot program across B.C., committing \$19.9 million in annual funding.

"An AIDS-free generation is now in our sights," said Minister MacDiarmid. "I am pleased to announce the provincial expansion of the STOP HIV/AIDS program. By reaching and engaging more British Columbians at risk for or living with HIV/AIDS, not only will better care be provided, the treatment will also significantly reduce the spread of the virus."

Beginning April 1, 2013, the STOP HIV/AIDS pro-

gram will allow health professionals and community partners to better engage the broader community and specific at-risk groups in HIV testing, reach more people with HIV/AIDS, and enable more British Columbians to be treated.

Expansion will be carried out by the province's health authorities with support and leadership from the BC-CfE, which pioneered the concept of Treatment as Prevention under Dr. Montaner's guidance. The BC-CfE will also continue to monitor and evaluate the progress of the program.

B.C. is leading the way in its efforts to combat the epidemic. BC-CfE researchers published a new study which found that B.C. is the only province in Canada showing a consistent decline in new HIV diagnoses, in part due to the widespread availability of free antiretroviral treatment in the province. The study found that new HIV diagnoses in B.C. have dropped from 900 new cases each year in the mid-1990s, to 289 new cases in 2011.

The initial four-year, \$48-million STOP HIV/AIDS pilot has allowed health professionals in the pilot areas to identify more people that have HIV/AIDS and enabled more people to be treated with HAART. In contrast, in non-pilot health authorities, there has been an overall decline in the number of people being diagnosed with HIV and the number of people accessing treatment.

For more information, please visit STOP HIV/AIDS online at www.stophivaids.ca

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STOP HIV/AIDS Project Goals

- Ensure timely access to high-quality and safe HIV/AIDS care and treatment
- Reduce the number of new HIV infections
- Reduce the impact of HIV/AIDS through effective screening and early detection
- Improve the patient experience in every step of the HIV/AIDS journey
- Improve the efficiency and cost-effectiveness of HIV/AIDS service delivery

The project's strategic goals are supported by the following initiatives:

- We must transform how we screen for HIV
- We must streamline HIV/AIDS diagnosis and linkage to care
- We must continue to develop site-specific programs to consistently deliver high-quality services across participating pilot sites
- We must deal with the determinants of health that are negatively influencing the health of people living with HIV and AIDS
- We must engage in a highly collaborative process that will allow us to learn from each other and turn knowledge into practice



Northern Health launches STOP awareness campaign

An innovative advertising campaign and a new website are the cornerstones to the STOP HIV/AIDS education and awareness campaign launched in Prince George on May 29 by Northern Health and its community partners.

The campaign, a component of the provincially-funded STOP HIV/AIDS pilot project, focuses on the need for increased HIV testing and early treatment among all age groups. STOP HIV/AIDS — which stands for Seek and Treat for Optimal Prevention — is running from 2010 to 2013 in Prince George and Vancouver's Downtown Eastside.

The interactive website, HIV101.ca — a comprehensive source of information about HIV/AIDS testing, treatment and support in northern BC — features a powerful introductory video, with testimonials by persons living with HIV, medical professionals, and HIV educators.

"I wish you could just love me and get over the fact that I have HIV, because I am me," said Tammy, a young woman delivering an emotional message to her family in the video. "HIV is not me."

Online and traditional advertising will run in media outlets throughout the North, with messages designed to encourage early HIV testing and treatment. One of the campaign's key messages is that anyone who has been sexually active, uses injection drugs, or is in a high risk group should be encouraged to take an HIV test.

Northern Health's call to action — encouraging northerners to seek early HIV testing — complements the grassroots work that

its Preventive Public Health department has been doing with community partners and others. That work has focused on actively supporting the HIV-positive population, connecting them with existing services, as well as developing new testing initiatives.

Dr. Susan MacDonald, Northern Health's medi-

cal lead on the STOP project, said at the May 29 launch that the education and awareness campaign's goals are to improve and increase early detection of HIV; improve access to care and treatment; and improve the quality of life for northerners living with HIV/AIDS.

"Times have changed and HIV is now a chronic disease that can be managed with effective new treatments," said Dr. MacDonald. "And if people with HIV are treated early, they are less likely to pass the virus on to other people, thus resulting in reduced numbers of overall HIV/AIDS cases throughout northern BC."

Northern Health is partnering on the STOP project with Positive Living North, the Northern BC First Nations HIV/AIDS Coalition, the Central Interior Native Health Society, and physicians and health care providers throughout the North.

Northern Health and its partners plan to visit schools, First Nations communities, prisons and other northern venues to educate and inform northerners about the benefits of early HIV testing. Meanwhile, HIV101.ca, a long-term resource, will not only offer information to the general public, but also to health care professionals.

Dr. Abu Hamour, an infectious diseases specialist in Prince George, said he's delighted the awareness campaign has been launched.

"We know that HIV/AIDS is a difficult subject for many people to talk about. We know that stigma still surrounds this disease," said Dr. Hamour. "But we'd like to break down barriers and talk openly about HIV and AIDS."

To find out more, visit www.HIV101.ca.

"If you are sexually active, you are at risk."

— MARILYN
mother, sister, friend and educator, Positive Living North

**KEEP THE CIRCLE STRONG
BE HIV AWARE**

HIV is a real concern within our communities. You can contract HIV primarily through unprotected sex and by sharing needles. HIV can live in your body for years without you knowing and all the while you can be passing it to others. At least 25 per cent of people who are HIV+ do not know and these 25 per cent are estimated to be responsible for 75 per cent of new infections. Northern Health, in collaboration with its community partners, is working with the Province of BC to prevent the spread of HIV by expanding HIV testing, treatment, and support services to British Columbians.

Educate: Educate yourself, your family and your friends about HIV. Visit HIV101.ca today.

Test: The only way to know you are not positive is by getting tested. Request an HIV test today.

Share: Please share your new knowledge about HIV with others, and please encourage everyone to get an HIV test.

"If people with HIV are treated early, they are less likely to pass the virus on to others."

— Dr. Susan MacDonald

CHANGE HIVSTORY: the beginning of the end of HIV

On July 18, 2012, The BC Centre for Excellence in HIV/AIDS (BCCfE), Providence Health Care (PHC) and Vancouver Coastal Health (VCH) unveiled CHANGE HIVSTORY, a bold new social marketing campaign to make Vancouver the epicenter of a movement that will change history: the beginning of the end of HIV.

CHANGE HIVSTORY seeks to reduce the stigma associated with HIV testing, educate people about HIV testing, and encourage routine testing for all adults, regardless of age, race and sexual orientation.

The campaign features a dramatic video highlighting key moments in human history when people banded together to make a difference in the world. It then outlines the need to change history again by ending HIV, and how close we are to accomplishing this.

"CHANGE HIVSTORY is about creating a movement here in Vancouver to change the course of history by changing the course of HIV," says Dr. Réka Gustafson, Medical Health Officer and Medical Director of Communicable Disease Control for Vancouver Coastal Health.

"And with people in Vancouver requesting HIV tests and doctors recommending them as part of everyone's routine health care, we are getting closer to making the end of HIV a reality."

Reducing the stigma around testing and promotes early diagnosis of new infections. Earlier diagnosis can lead to earlier treatment, which results in better health outcomes for the patient and a significantly reduced risk of

onward transmission. An HIV positive person on their prescribed medication is 96% less likely to transmit the disease.

CHANGE HIVSTORY is a project of the STOP HIV/AIDS (Seek and Treat for Optimal Prevention of HIV) initiative, part of the BC-CfE-pioneered "treatment as prevention" strategy.

Parallel clinical initiatives of the STOP HIV/AIDS initiative saw the expansion of routine HIV testing in Vancouver-area hospitals, family physician offices and in the community.

"We made history earlier this year when St. Paul's Hospital was the first emergency department in Canada to offer routine HIV testing to every patient," says Scott Harrison, Program Director, Urban Health, HIV/AIDS, at Providence Health Care.

CHANGE HIVSTORY builds on momentum created by "Its Different Now," an HIV awareness campaign launched in fall 2011 that helped increase testing rates in Vancouver by sharing the dual messages that HIV can affect anyone who has ever been sexually active, and that HIV is no longer a disease to be feared with a poor prognosis.

So far with CHANGE HIVSTORY, more than 14,000 people have viewed the various versions of the campaign video and over 2,800 people made a pledge on the www.itsdifferentnow.org website to get an HIV test. The 30 second version of the video has been aired on OMNI TV, CITY TV, CTV, Global, KVOS and has been added to the PSA rotation at CBC.

CHANGE HIVSTORY has garnered numerous accolades including the Communicator Awards – Integrated Campaign for Social Responsibility, Communication Arts' Web Pick of the Day and the Web Marketing Association's Internet Advertising Awards – Best Integrated Ad Campaign: Health Care.



"It's about creating a movement here in Vancouver to change the course of history by changing the course of HIV."

— Dr. Reka Gustafson

Targeted screening for acute HIV infection

It is estimated that more than 4,500 British Columbians are infected with HIV but unaware of their status. A key aim of the STOP HIV/AIDS pilot project is to expand HIV testing to reach this population, connect them with treatment to improve their health, and help prevent transmission to others.

As part of this strategy, an acute HIV testing project in Vancouver—the very first to be implemented in Canada—targets those who have recently become infected yet receive negative HIV results through traditional antibody tests. It's a project that's proving to be effective in identifying early HIV infections and reducing new transmissions.

The BC Centre for Disease Control (BCCDC) and PHSA Laboratory's acute HIV testing project, which first started in 2009 and is now supported by the STOP HIV/AIDS pilot project, uses pooled Nucleic Acid Amplification Testing (NAAT) to detect the HIV virus 10-12 days after exposure, in the window before antibodies appear.

Dr. Mark Gilbert, Physician Epidemiologist and Dr. Mel Krajden, Associate Medical Director, Clinical Prevention Services Division, BCCDC, are two of the project leads.

They explained that earlier diagnosis of HIV infection helps those infected make prevention choices that can reduce the chances of infecting others as well as enable them to access early prevention, care, and support services.

"Up to 50 per cent of all new HIV infections are transmitted from people with acute HIV infection who have high viral loads," said Dr. Gilbert. "These are individuals that don't know they're infected and are unaware that they are passing on HIV to others."

The first phase of HIV infection begins when a person first becomes HIV-positive. This acute HIV phase

lasts for approximately two months and results in high viral loads in the infected person. While the common symptoms of acute HIV infection are often flu-like—including fever, fatigue, and nausea—these symptoms don't generally occur for weeks after infection, if at all. It is during this period, when viral loads are at their highest that HIV is most likely to be passed on to a partner.

While HIV testing campaigns have been effective, the standard HIV blood test will come back negative for someone who was infected very recently.

The test looks for antibodies produced by the immune system to fight HIV, but it can take three to 12 weeks for these antibodies to be produced. Pooled NAAT has proven effective by detecting the genetic material of the HIV virus in the blood of individuals who have no detectable HIV antibodies.

"Nucleic acid testing [pooled NAAT] helps to diagnose people very early during their infections," said Dr. Krajden. "Rapid identification of infection in individuals enables people to reduce the risk of transmitting their infection to others."

Based on HIV surveillance data and community and clinician consultations, pooled NAAT has been implemented at six clinic sites in Vancouver, specifically aimed at expanding testing amongst the men who have sex with men (MSM) population. At the same time, social marketing campaigns (pictured) promoting the availability of testing for acute HIV ("early HIV testing") were developed by the Health Initiative for Men.

Since the project launch, acute HIV testing has been performed on seven per cent of all individuals tested for HIV in B.C. and identified 23 per cent of all HIV cases in the province. In total, 14 of the 34 acute HIV diagnoses made during post-pooling period would have been missed in absence of pooled NAAT; pooled NAAT increased the diagnostic yield by nine per cent.

The results speak to the project's effectiveness: if pooled NAAT had not been in place, 41 per cent of men with acute HIV would have received a negative result. With a conservative estimate of one averted infection per acute HIV diagnosis in the following year, the avoided costs to health care system is upwards of \$4.2 million.

For Krajden and Gilbert, the next steps are clear.

"We're now looking at how to sustain and expand testing," said Gilbert. "We think pooled NAAT can be cost-effective among populations affected by HIV across the province."

"These are individuals that don't know they're infected and are unaware that they are passing on HIV to others."
— Dr. Mark Gilbert

Reducing the risk through peer-led Seek and Support

A series of peer facilitated workshops reached out to vulnerable community members in Vancouver to educate them about the importance of HIV testing, treatment, and prevention.

The Seek and Support Initiative (SASI), funded under the STOP HIV/AIDS pilot project, was a community-based partnership between BC Centre for Excellence in HIV/AIDS, Vancouver Area Network of Drug Users (VANDU), and Vancouver Coastal Health (VCH).

A user-led program, the initiative provided peer-to-peer HIV and Hepatitis C education, testing, and support. Under the direction of Cody Callon, an assistant project coordinator at the Addiction and Urban Health Research Program (UHRI) at BC-CfE, SASI identified and connected with vulnerable members of communities engaging in high-risk behaviour, like injection drug use, to provide testing and support that aimed to be comfortable, safe, confidential, and compassionate.

"There is a need for better education among this population, and it's good for people to receive it from a peer," said Callon. "Participants learned

how to stay safe and what to do if they are diagnosed (as HIV-positive)."

The initiative comprised a series of workshops offering practical advice and information to participants, like where to go for testing and what to expect.



The first workshops under SASI began in October 2011 and ran through to February 2012. In total, over 30 workshops in 15 locations were held in the VCH jurisdiction. For the project coordinators, it was critical to have the workshops held outside of Vancouver's Downtown Eastside in order to reach a population not typically engaged with services like VANDU.

A critical aspect to the initiative was to ensure that the workshops were peer-facilitated. Having the workshops led by former and current illicit drug users who were also HIV-positive meant the messaging was experiential and, therefore, relatable.

Facilitators like Richard Teague from VANDU focused the workshops on their personal experiences with drug use and its related risks, with HIV and how treatment has impacted their lives. As a former injection drug user and a healthy HIV-positive individual for more than 15 years, Teague brought valuable insight to the workshops, not to mention providing a positive role model to participants.

"I know addicts," said Teague. "I know they won't seek treatment until they start to experience symptoms. That's what we're hoping to prevent. We want to get people tested and treated early."

As a result of the facilitation by peers like Teague, participants learned how to stay safe and what to do if they were diagnosed as HIV-positive, including where to seek treatment and how to connect with support.

A primary focus was to increase testing, so information about HIV tests, like where to go and what the test is like, was provided at each class. A nurse was also on location to provide testing at each workshop, though getting tested was not a requirement for participants.

STOP HIV/AIDS: What you need to know

Q: Why is STOP HIV/AIDS not available in all health authorities?

A: HIV affects people all over the province, and the STOP HIV/AIDS initiative aims to improve access to care and treatment that is appropriate and safe for all British Columbians in need. However, recently documented increases in HIV-related deaths in Vancouver's inner city and Prince George have demonstrated the need to focus our efforts in these regions. The recent announcement will expand the project to new health authorities (see page 1)

Q: What happens if I move to a different health authority that is not participating in the pilot project?

A: HIV/AIDS treatment and care are already available throughout British Columbia, regardless of where an individual lives. Your medical care and HIV treatment will not be interrupted if you

move outside the pilot project health authorities. STOP HIV/AIDS aims to help connect individuals who are not receiving HIV/AIDS care with testing, treatment, and support services.

Q: Will I receive experimental treatments if I participate in STOP HIV/AIDS?

A: No. Only government-approved medications are provided to people receiving HIV/AIDS treatment in British Columbia. No experimental or untested medications will be given. Approval of HIV medications is only granted after a rigorous process to prove the drugs are safe for all individuals.

Q: Will I be taken off treatment when the pilot project ends?

A: No. Once you begin antiretroviral treatment, you must continue taking your medication to effectively suppress HIV. This treatment is available in all regions of British Columbia, and the

provincial government has already allocated the resources to ensure you can access the treatment you need. Plans are already in place to ensure that improvements to treatment and care will be sustained and incorporated into existing services.

Q: Will I be forced onto treatment?

A: No. The decision to start treatment depends on several factors and is based on patient readiness and scientific recommendations. Starting HIV medication depends on the symptoms or signs that HIV is progressing, whether or not other chronic conditions are present (e.g. Hepatitis C, diabetes, heart disease), and the results of certain laboratory tests (e.g. CD4 count, plasma viral load). Beginning HIV treatment before the disease progresses decreases the risk of serious complications and death.

A simple text message can impact HIV patients

A simple text message asking HIV patients how they are feeling can encourage individuals to adhere to their antiretroviral treatment.

In a Kenyan-based study, patients who received short message service (SMS) support had significantly improved ART adherence and rates of viral suppression, suggesting that cell phones might be effective tools to improve patient outcome in resource-limited settings. Now the lessons from that study are being applied in B.C. as part of the STOP HIV/AIDS pilot project.

Dr. Richard Lester, Medical Head of STI/HIV Control in Clinical Prevention Services at the BC Centre for Disease Control (BCCDC), performed previous clinical research in Kenya that looked at how cell phones can improve patient support and health services (known as mHealth) in resource-limited settings.

"Mobile phones are a gift, a tool we should use in any way possible to strengthen our health system and improve patient engagement," said Dr. Lester.

In nations like Kenya, where a more open telecommunications market (in comparison to Canada) means sending text messages can cost just pennies, cell phone use is very inexpensive and widely used.

Taking advantage of this telecommunications boom, Dr. Lester and his Kenyan colleagues

founded WelTel, a program that introduced text messaging and cell phone conversations with health care providers for people with HIV/AIDS.

The program had nurses send text messages to patients on a weekly basis. The message was simple, but effective: "How are you?"

Patients replied that they were either fine or there was a problem. If there was a problem, or there was no response from the patient, then the nurse followed with a phone call. With a limited number of clinics in the country and some patients living hundreds of kilometres away, mobile technology proved to be an effective way to provide access a medical expert.

Patients who received care from a clinic implementing mobile health technology (mHealth) proved to be significantly more likely to adhere to their medications than those in clinics without the program, showing a 24% improvement in adherence.

Taking ARVs consistently is now known to prevent HIV transmission to new individuals. Life-long adherence to the medications is required at near-perfect levels (greater than 95%) to prevent drug-resistance from developing, and for optimal Treatment as Prevention. And because irregular use of ARVs can lead to drug resistance in patients and require more expensive medications, the increased adherence among patients in Kenya averted cost escalations to the health care system.

A 2010 PEPFAR-funded study published by Dr.

Lester and his team in *The Lancet* concluded that if mHealth were applied to the nearly 300,000 Kenyans who received ART in 2009, it could have resulted in more than 26,000 people with undetectable levels of the virus.

A Vancouver-based pilot study led by Dr. Lester and Dr. Melanie Murray is applying the findings from Kenya. The study is investigating the impacts of mHealth in five categories of HIV-positive Oak Tree Clinic patients: youth, people with English as a second language, those 50 and older, people who live in remote areas, and women with CD4<200 with a detectable viral loads.

"When we say Treatment as Prevention, that means access is prevention, adherence is prevention, retention is prevention," said Dr. Lester. "When you put those all together, the one thing captures all of those is engagement."

"Engaging the patient will solve all of those things."

Structured Learning Collaborative takes on new shape

On January 31, 2012, the STOP HIV/AIDS Structured Learning Collaborative formally came to an end with a final collaborative session in Vancouver.

The Structured Learning Collaborative (SLC) connected 16 teams of clinics, practices, physicians, and other health care providers across the province, to help adopt changes in care and treatment provided to HIV-infected individuals.

In its year of existence, results of the SLC showed that, on average, the number of people being tested and making follow-up visits to primary HIV care providers increased, as did the uptake in highly active anti-retroviral therapy (HAART) by patients with CD4 cell counts of <200 cells/mm³.

By connecting health providers and having them work under the same guidelines, the SLC has helped raise the standard of HIV care across the province.

The success of the SLC has not ended with its final session, however; it has evolved into an HIV Response Team. The community of past collaborative participants has made valuable and positive impacts on the health and wellbeing of many British Columbians living with HIV/AIDS. Recognizing the importance of sustaining these gains and keeping this community connected for further learning and sharing, new supports including two learning sessions, four webinars, and four more reporting periods are now in place to connect participants in this newly formed HIV Quality Improvement Network.

In addition to these structures, a self-organizing, peer-driven group of past SLC participants, known as the HIV Response Team, will also help continue to support sustainability and HIV improvement.

The first reporting day and webinar occurred in spring 2012. The next learning session for the STOP HIV/AIDS QI Network is scheduled for January 30, 2013.